



# 2021 MEMBERSHIP APPLICATION

Please complete all applicable sections.

Name

Academic Designations (RN, MD, CIC, etc.)

Job Title/Position

Place of Employment/Business Name

Street Address of Employer or Business

City Prov/State Postal/Zip Code Country

Business Tel# Extension Fax No.

**Email Address** (IPAC Canada and your chapter will use this email to communicate with you; it will be your unique log-in for the Members Area of our website, and will be published in the Member and Source Guide.)

**Home Address** (optional)  Please direct all mail to this address:

Street Address/ P.O. Box

City Prov/State Postal/Zip Code Country

**CHAPTER MEMBERSHIP(S)** – Membership in one IPAC Canada chapter of your choice is included in your membership fees. Additional chapter memberships can be purchased for \$32.00 each. Please indicate your chapter membership choice(s) on Page 2.

**INTEREST GROUP MEMBERSHIP(S)** – Members may join any of our interest groups, at no additional charge. Please indicate on Page 2 which groups – if any – you wish to join.

**MEMBERSHIP CATEGORIES AND FEES** (see Page 2 for definitions)

INDIVIDUAL (renewing or past member) \$223

FIRST-TIME NEW INDIVIDUAL (one time discount) \$135

**New!** GROUP MEMBERSHIP FIRST REP \$296  Renewal  New Member

GROUP MEMBERSHIP ADDITIONAL REP \$150  Renewal  New Member

STUDENT (Non-Voting Membership) \$135  Renewal  New Member

RETIRED (Non-Voting Membership) \$135  Renewal  New Member

Enter name of Direct Supervisor for Group Membership applications

**If applying for Group Membership, each member must complete a separate application form.**

**Membership Transfer:** I am replacing the following member: \_\_\_\_\_

**DISCIPLINE(s):**

RN  MEMBER OF C.N.A.

Microbiologist

MD

MLT  MT

Epidemiologist

Other (please specify) \_\_\_\_\_

**EDUCATION LEVEL(s):**

Diploma

Bachelor (indicate: \_\_\_\_\_)

Master (indicate: \_\_\_\_\_)

Doctorate

Other (please specify) \_\_\_\_\_

**CERTIFICATION**

Certification in Infection Control (CIC®) OR:

Associate-IPC (a-IPC)

Year of Exam(most recent): \_\_\_\_\_

Other certification(s): \_\_\_\_\_

If you do not have your CIC® certification, are you are eligible to become certified?

Yes  No

Visit <https://www.cbic.org/CBIC/Certification-FAQs.htm> to determine your eligibility.

**INSTITUTION/BUSINESS TYPE:**

Hospital  Long Term Care

Community Health  Public Health

Industry  Government

Self-Employed/Consultant

Other (please specify) \_\_\_\_\_

Employment/contact information listed above will be published in our annual Member and Source Guide. Check here if you do NOT want to be published in the Guide.

On occasion we cooperate with our partners and stakeholders by providing them with the contact information of our members. Check here if you wish to Opt Out of having your contact information shared.

## MEMBERSHIP CATEGORIES

Memberships expire 12 months from date of processing.  
Memberships are transferrable during the membership year.  
Fees will not be refunded after 30 days of receipt. \$15.00 NSF fee for returned cheques.

**Individual/Active:** Individuals occupationally or professionally involved in the practice of Infection Prevention and Control and/or Epidemiology. May vote, hold office and serve on committees. This category also includes Industry/Business members who are directly responsible for products and services related to Infection Prevention and Control. Industry/Business members may hold office on the chapter level, but may not hold a national Board position.

**First-Time Individual Member:** Persons who have never belonged to IPAC Canada in the past can join at the reduced rate of \$135.00 for their first year of membership.

*Regular Individual Membership fees will apply upon renewal.*

**Group Membership:** Employees of health care related institutions or agencies interested in fostering the purposes and objectives of the Association. Members must be at the same physical site OR report to the same Direct Supervisor. Representatives receive the same benefits as Active members. Membership will stay with the individual for the remainder of the membership year unless they otherwise agree to transfer membership to another

representative of the Group. This is beneficial for organizations which have two or more members joining the Association.

**Student:** Full-time student attending a full time infection control related program. May not vote or hold elected office. May serve on committees. **Applications for Student membership must be accompanied by a letter of attestation from the employer that the applicant is a full-time student working to a maximum of half time equivalent (.5FTE), attending an infection prevention and control related program.** Current students of any IPAC Canada endorsed program qualify for student membership while enrolled in the program.

**Retired:** Retired and not employed full time nor seeking full time employment in Infection Prevention and Control. This is a non-voting membership. May not vote or hold elected office. May serve on committees.

**Corporate Membership:** Companies/corporations/agencies which support the objectives of IPAC Canada and provide additional support to IPAC Canada. The company is the member of IPAC Canada. Corporate Members are non-voting members and may not hold elected office. See <http://www.ipac-canada.org> for more information on Corporate Membership. Individual representatives (members) of the Corporate Member may apply for Active/Professional Membership.

## CHAPTER MEMBERSHIP (one chapter included in membership fees; additional chapters \$32 each)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> IPAC Newfoundland/Labrador | <input type="checkbox"/> IPAC Southwestern Ontario  | <input type="checkbox"/> IPAC Northwestern Ontario |
| <input type="checkbox"/> IPAC New Brunswick/PEI     | <input type="checkbox"/> IPAC GTA (Toronto)         | <input type="checkbox"/> IPAC Manitoba             |
| <input type="checkbox"/> IPAC Nova Scotia           | <input type="checkbox"/> IPAC Central South Ontario | <input type="checkbox"/> IPAC SASKPIC              |
| <input type="checkbox"/> PCI Qc                     | <input type="checkbox"/> IPAC PANA (Peel Region)    | <input type="checkbox"/> IPAC Southern Alberta     |
| <input type="checkbox"/> IPAC Eastern Ontario       | <input type="checkbox"/> IPAC HUPIC (Huronia)       | <input type="checkbox"/> IPAC Northern Alberta     |
| <input type="checkbox"/> IPAC Central East Ontario  | <input type="checkbox"/> IPAC Northeastern Ontario  | <input type="checkbox"/> IPAC British Columbia     |
| <input type="checkbox"/> IPAC Ottawa Region         |   |  |

## INTEREST GROUP MEMBERSHIP (indicate any groups you wish to join)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cardiac Care                 | <input type="checkbox"/> Long Term Care              | <input type="checkbox"/> Reprocessing                          |
| <input type="checkbox"/> Community Healthcare         | <input type="checkbox"/> Mental Health               | <input type="checkbox"/> Surveillance and Applied Epidemiology |
| <input type="checkbox"/> Dialysis                     | <input type="checkbox"/> Oncology & Transplantation  |  |
| <input type="checkbox"/> Environmental Hygiene        | <input type="checkbox"/> Paediatrics & Neonatal Care |  |
| <input type="checkbox"/> Healthcare Facility & Design | <input type="checkbox"/> Prehospital Care            |  |

## STATISTICAL / DEMOGRAPHIC INFORMATION (Optional; this information is for statistical purposes only and is **not** shared.)

**Preferred language:**  English  French (as resources permit)

**Number of beds in my facility:**  1 to 99  100 to 249  250 to 499  500 to 699  700 to 999  Over 1000

**Years of experience in infection prevention and control:**  1 to 5  6 to 10  Over 10  N/A

**Age Group:**  18 to 30  31 to 50  51-60  Over 60

How did you hear about IPAC Canada (e.g. another member; conference; social media): \_\_\_\_\_

**PAYMENT OPTIONS:** Complete and fax or email this form - or remit payment by cheque or bank draft to the address below.  
GST/HST NOT APPLICABLE TO MEMBERSHIP FEES)

Total Membership Fee \$: \_\_\_\_\_ Additional Chapter Fees \$: \_\_\_\_\_ Donation \$: \_\_\_\_\_ TOTAL DUE \$: \_\_\_\_\_

AMEX  Visa  Mastercard  Discover Card **Card No:** \_\_\_\_\_

Expiry Date (MM/YY): \_\_\_\_\_ CVS#: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_